



## **BostonSight Cancellation and No-Show Policy**

Our goal at BostonSight is to provide exceptional medical care to all our patients in a timely manner. A missed or late cancellation results in lost time which could have been given to another person waiting to receive care.

Effective January 1, 2024, BostonSight will enforce a new **Cancellation and No-Show Policy**.

We ask that you make every effort to keep your scheduled appointment. It is your responsibility to keep a record of your appointment and arrive on time. If you need to cancel or reschedule your appointment, please call 781-726-7337 or email [scheduling@bostonsight.org](mailto:scheduling@bostonsight.org) at least 24 hours in advance.

**Patients who cancel appointments with less than 24 hours' notice will be considered a No-Show. The first instance will be followed up with a phone call. Any patient that No-Shows again will be required to pay a \$40 No-Show fee before scheduling another appointment.**

Multiple No-Show appointments within a 12-month period may end your ability to make future appointments. Your case will be reviewed by our medical team who will determine if you will be eligible to continue care at BostonSight.

We understand that emergencies may occur, and you may not be able to notify us in a timely manner. A clinic manager will discuss that situation with you directly.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

### **Acknowledgement of *Cancellation and No-Show Policy*:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient is a minor: Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_